

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/518083**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51				/		
2							52				/		
3							53				/		
4							54				/		
5							55				/		
6							56				/		
7							57				/		
8							58				/		
9							59				/		
10							60				/		
11							61				/		
12							62				/		
13							63				/		
14							64				/		
15							65				/		
16							66				/		
17							67				/		
18							68						
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25							75						
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28							78						
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30							80						
31							81						
32							82						
33			/				83						
34			/	/			84						
35			/	/			85						
36			/	/			86						
37			/	/			87						
38			/	/			88						
39			/	/			89						
40			/	/			90						
41			/	/			91						
42			/	/			92						
43			/	/			93						
44			/	/			94						
45			/	/			95						
46			/	/			96						
47			/	/			97						
48			/	/			98						
49			/	/			99						
50			/	/			100						
TOTAL IND.		↓	2	↓		↓	TOTAL IND.		↓	0	↓		↓
TOTAL DEP.		←	16	←		←	TOTAL DEP.		←	16	←		←
TOTAL CLAIMS			18				TOTAL CLAIMS			16			